



**DIRECT PAYMENT AUTHORIZATION FORM**

**CITY OF WAYCROSS, GEORGIA**

P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099

Tele (912) 287-2900 – Fax (912) 287-2946 – www.waycrossga.com

**INSTRUCTIONS:**

Date \_\_\_\_\_

1. Complete the information below.
2. Mark the box before type of bank account to indicate whether your payment will be deducted from your checking or savings account.
3. Attach a voided check for verification of all financial institution information.

**NOTE: Be sure to sign the form!!**

Name \_\_\_\_\_

*(The name on the bank account must match the name on your Utility Billing Account)*

Social Security or Tax ID # \_\_\_\_\_ Utility Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Routing Number (nine digits) \_\_\_\_\_

Type of Account       Checking       Savings

I authorize the City of Waycross to initiate electronic debit entries to the bank account described above for payment to my utility bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing. Any changes to the above authorization must be made at least two weeks before the scheduled due date. Any electronic payment returned for insufficient funds will be treated in the same manner as a NSF check.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_